CalWORKs INTERCOUNTY TRANSFER CONTINUATION REQUEST FOR ADDITIONAL DOCUMENTS

Instructions: The CalWORKs Intercounty Transfer will not be picked up in the receiving county. A Medi-Cal referral must be completed for this case. Please provide copies of the documents indicated below to the worker in the receiving county within ten calendar days.

RECEIVING COUNTY INFORMATION

RECEIVING COUNTY	DATE REQUESTED	
WORKER NAME	WORKER NUMBER	
COUNTY ADDRESS (NUMBER, STREET)	CITY	ZIP CODE
COUNTY PHONE NUMBER ( )	FAX NUMBER ( )	E-MAIL ADDRESS

CASE NAME/BENEFICIARY INFORMATION

CASE NAME	SENDING COUNTY CASE NUMBER	
CLIENT ADDRESS (NUMBER, STREET)	CITY	ZIP CODE
CLIENT PHONE NUMBER ( )	DATE MOVED	

DOCUMENTS REQUESTED FOR MEDI-CAL REFERRAL PACKET

- ☐ Statement of Facts and Applicable Supplements
- ☐ Social Security Card(s)
- ☐ Identifications (CDL, etc.)
- ☐ Income Verifications
- ☐ Primary Wage Earner: _____
- ☐ Pregnancy Verification for: _____
- ☐ Completed MC 360
- ☐ Other (list): _____
- ☐ Other Health Coverage Information (DHS 6155)
- ☐ Proof of Alien Status (MC 13s) for: _____
- ☐ Family Support Information (CW2.1s)
- ☐ Property Verifications
- ☐ Incapacity Verification for _____

SENDING COUNTY	WORKER NAME	
PHONE NUMBER ( )	FAX NUMBER ( )	DATE SENT